

\$10.00 NON-REFUNDATOR FEE

For Ecology Use

State of Washington Fee Paid ____

Date _____

Application for a Water Right EIVED

Please follow the attached instructions to avoid unnecessary delays.

OR MAR 30 All:45

Section 1.								
	APPLIC	CANT .	- PERSO	N, ORGA	NIZATION, O	R WA	TER S	YSTEM
Name Robe	et (Pahre			S.W. REGIONAL Home Tel:	360) 2	45 - 5	287
Mailing Addres	s/38//	Dild a	rood	Rd	Work Tel:()	-	
City Cupt	15	St	ate Zi	ip+4_9833	S.W. REGIONAL Home Tel:(Work Tel:(8 +9706 FAX	:()_		
	CONTA				L ABOUT THI			
Name Rober	+ Cabo	2			Home Tel:(360)2	25 - 3	287
Mailing Addres	s/38/ (l	11 1dwa	od Rd	-	Work Tel:(
City <u>uRf</u> , Relationship to	applicant_	St	ate[[] Zi	ip+4 <u>9853</u>	Home Tel:(Work Tel:(&+970&_FAX	:()_		
Section 3.	STATE	MENT	OF INT	ENT				
purpose(s) of DESCRIPTION not sufficient.	N OF THE	E PLACE	OF USE.	(See instruct	ground water so tions.) NOTE: A tax per year: 60 €	parcel nu	ATTAC umber or	per minute or one) for the CH A "LEGAL" a plat number is
needed: Section 4.	From							
If SURFACE	E WATER				If GROUNDWAT	ER		
Name the water lake, etc. If unnamed stree fauth from Number of div	er source a innamed, we cam," etc.:	nd indicat	amed spring	5,"	If GROUNDWAT A permit is desired		W	/ell(s).
Name the water lake, etc. If unnamed stree	er source a innamed, we am," etc.: versions:	nd indicate rite "unnstate "Lhe have of body o	amed spring Recommended f water):	5,"		for	w	/ell(s).
Name the water lake, etc. If use unnamed stree for dividing Source flows in Main (Inc.) LOCATION Enter the norm	er source a innamed, we am, " etc.: wersions: into (name lekalis topo feet of the south a	of body of Lau	amed spring lis Rin f water): theast west distance	erly of the ces in feet f	A permit is desired	for	lea 8 or withd	Lup 11 N R3 W
Name the water lake, etc. If use unnamed stree for dividing Source flows in Main (Inc.) LOCATION Enter the norm	er source a innamed, we am, " etc.: wersions: into (name lekalis topo feet of the south a	of body of Land	amed spring lis Rin f water): theast west distance	erly of the ces in feet f	A permit is desired Size & depth of well Arthuest (vor	for	leas or withd	Trawal to the
Name the water lake, etc. If use unnamed stree for fair Source flows in Main Chair C	er source a innamed, we am, " etc.: wersions: into (name lekalis topo feet of the south a	of body of Land	amed spring lis Rin f water): theast west distance	erly of the ces in feet f	A permit is desired Size & depth of well Arthuest (vor	for	leas or withd	Lup 1/ N R3 W rawal to the
Name the water lake, etc. If unamed stree for face of dividing the source flows in the	er source a innamed, we am, " etc.: wersions: into (name chalis tooo feet th-south a on corner:	of body of Lare	amed spring les Ren f water): theast vest distance of New	erly of Market for the Corner of	A permit is desired Size & depth of well Parthuest (10) rom the point of di leas July 1/N County	for	or withd	Jup // N R 3 W drawal to the drawal to the drawal to the drawal to the
Name the water lake, etc. If unnamed stree for the Number of dividing Source flows in Main Ok LOCATION Enter the normal nearest section for feet for feet for feet for the normal section for feet for the normal section for feet for feet for the normal section for the normal section for feet for the normal section for the norm	er source a innamed, we am, " etc.: wersions: into (name chalis tooo feet th-south a on corner:	of body of Lare	amed spring les Ren f water): theast vest distance of New	erly of Market for the Corner of	A permit is desired Size & depth of well Parthuest (10) rom the point of di	for	or withd	Jup // N R 3 W drawal to the drawal to the drawal to the drawal to the

ECY 040-1-14 Rev. 9/95 F **APPLICATION**

Appl. No.: 92-29614

Sec	tion 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named:
В.	Briefly describe your proposed water system. (See instructions.)
C.	Do you already have any water rights or claims associated with this property or system? YES NO PROVIDE DOCUMENTATION.
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection
В.	Are you within the area of an approved water system? (Homes, Apartment, Recreational, etc.) If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Con	iplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated:
В.	List total number of acres for other specified agricultural uses:
	UseAcres
	Use Acres Use Acres
C.	Total number of acres to be covered by this application: 30
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: \$\times\$ \pm\$ Acreage irrigated under water rights acquired after December 8, 1977; \$\times\$ \pm\$ Acreage proposed to be irrigated under this application; \$\pm\$ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no:
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES ⋈ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

	ction 9. DRIVING DIRECTIONS		
Provi	de detailed driving instructions to the project site.	Mildwood & 1381 Wildwood	of Baistfort al and Rol
Sec	ction 10. REQUIRED MAP		
Α.	Attach a map of the project. (See instructions.)		
Sec	ction 11. PROPERTY OWNERSHIP		
Α.	Does the applicant own the land on which the water If no, explain the applicant's interest in the place of owner(s):		□ YES ≠ NO nd address(es) of the
В.	Does the applicant own the land on which the water If no, submit a copy of agreement:	source is located?	□ YES ⋈ NO
order	tify that the information above is true and accurate to process my application, I grant staff from the I monitoring purposes. Even though I may have been mployees of the Department of Ecology, all respons	Department of Ecology access a assisted in the preparation of	to the site for inspection of the above application by
	Rabort Caloe cant (or authorized representative)	Mar 26	- 1998
whhn	cant (or aumorized representative)	Date	

Date

Landowner for place of use (if same as applicant, write "same")

	1	· · · · · · · · · · · · · · · · · · ·
and 10636- I an 30 acres fram san	der persie	its munder 7253
and 10636- I as	n reque	string an addele
20 augus Jean San	Ke Lacere	and same
So well grane		
paint of diversion	1 1 12	III Orald
This well be les	sed for su	- A Garn and n
Shis will be les Shis will be les Declings and grasse Dealably and	bly serve	er er er
Drahable, andy and	e a year	1
	J	
le are returning your application for the following re-	eason(s):	
Examination fee was not enclosed		APPLICANT PLEASE
Examination fee was not enclosed		RETURN TO CASHIER,
Examination fee was not enclosed		RETURN TO CASHIER, PO BOX 5128, LACEY, WA
		RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)	is/are	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE
Section number(s)		RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)		RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE
Section number(s)ncomplete		RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL
Section number(s)ncomplete		RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL
Section number(s)ncomplete		RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL
Section number(s)	is/are	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Section number(s)	is/are is/are	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Section number(s) ncomplete Explanation: Please provide the additional information requested a	is/are is/are	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Section number(s) ncomplete Explanation: Please provide the additional information requested a	is/are is/are	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Section number(s) ncomplete Explanation: Please provide the additional information requested a	is/are is/are	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Section number(s) ncomplete Explanation: Please provide the additional information requested a (date	is/are is/are	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Section number(s)	is/are above and return your a	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Section number(s)	is/are above and return your a	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Section number(s) ncomplete Explanation: Please provide the additional information requested a (date	is/are above and return your a	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Section number(s) Incomplete Explanation: Please provide the additional information requested a (date)	is/are above and return your a	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).